CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

1. DATE OF REPORT 2.a.	NAME OF CANDIDATE	OR COMMITTEE					
2.b. IF COMMITTEE, NAME OF CANDIDATE	Jack Sh	arp					
2.b. IF COMMITTEE, NAME OF CANDIDATE		•	3. ELECTION DATE				
			Hovem her	,2000			
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City		State	Zip Code	Phone			
3211 Old Ringgold rd. Ed. 4.b. CANDIDATE'S HOME ADBRESS (if different than 4	ast Ridge	Th	37412 698	-4339			
4.b. CANDIDATE'S HOME ADBRESS (if different than 4 Street or Rural Route City	.a.)	State	Zip Code	Phone			
5. OFFICE SOUGHT (include district number, if applica-	ble) 6. NAME	OF POLITICAL	TREASURER (may be ca	indidate)			
State Representative - Dist. 30 Patricia A. Kays 7. CATEGORY OR REPORT (Check one)							
PRE-PRIMARY POST-PRIMARY PRE-	GENERAL POS	T-GENERAL [SUPPLEMENTAL [AMENDED			
8.a. BEGINNING DATE OF REPORTING PERIOD	8.b. ENDIN	IG DATE OF RE	PORTING PERIOD				
October 29, 2000 December 31, 2000							
 a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) 							
 This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. 							
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. April 1							
11. SWORN TO AND SUBSCRIBED BEFORE ME IN TH			SUBSCRIBED BEFORE				
STATE OF HAMIL TON	s	TATE OF _/	AMI/ton				
THIS 29 TH DAY OF JAN 20	<u>0 /</u> TI	HIS 297	DAY OF JOH	20 0 1			
Steve Ho Frie		Alene	A. The				
notary public			notary public	4			
MY COMMISSION EXPIRES:	-		MY COMMISSION EX	PIRES:			
date commission expires			date complission expires	107 108 207			
Notary Seal		•	Notary Seal	, con 11.			
12. SUMMARY			14. CM CO :: 12.				
BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD			S Taker Mill O				
c. TOTAL DISBURSEMENTS THIS PERIOD			\$				
 TOTAL DISBURSEMENTS THIS PERIOD BALANCE ON HAND (12.a. plus 12.b. minus 12. 				7 7 1 6 11			
	/			5 5 9 11			
e. TOTAL LOANS OUTSTANDING				3,519.11 3,000.00			

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD					
Vack Sharp	FROM:10-29-00 TO:12-31-80					
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)						
a. Unitemized Contributions (\$100 or less from each source this period)	s					
b. Itemized Contributions (over \$100 from each source this period)	\$					
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.).	- 1					
16. LOANS RECEIVED THIS REPORTING PERIOD						
17. INTEREST RECEIVED THIS REPORTING PERIOD						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$_ <i>D</i>					
DISBURSEMENTS						
19. EXPENDITURES (other than loan payments)						
a. Expenditures (\$100 or less each payee this period) (must be listed by category -	e.g., printing, postage, gasoline)					
Supplies \$ 18.3	9					
Fund-Baiser \$ 100.6	00					
\$						
\$						
\$						
Total of Expenditures (\$100 or less each payee)	\$ 118.39					
b. Itemized Campaign Expenditures (Over \$100 each payee this period)	sØ					
c. Itemized Other Expenditures (Over \$100 each payee this period)	\$					
d. TOTAL EXPENDITURES (other than loan repayments)(add 19.a., 19.b. and 19.c.)						
20. LOAN REPAYMENTS MADE THIS PERIOD	ss					
21. TOTAL DISBURSEMENTS (add 19.d. and 20.) (must be shown in item 12.c.)						
22.IN-KIND CONTRIBUTIONS						
a. Unitemized in-kind contributions (\$100 or less from each source this period)	sØ					
b. Itemized in-kind contributions (over \$100 from each source this period)\$						
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.1	b.)s					
23. LOANS						
LOANS OUTSTANDING (must be shown in item 12.e.)	\$ 3,000.00					
24. OBLIGATIONS						
a. Unitemized Obligations Outstanding (\$100 or less each)	\$					
b. Itemized Obligations Outstanding (Over \$100 each)	N					
c. TOTAL OBLIGATIONS OUTSTANDING (add 24.a. and 24.b.) (must be shown i ite	em 12.f.)\$					



ITEMIZED STATEMENT OF LOANS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE						2. REPORT COVERING THE PERIOD				
Jack Sharp						FROM: TO: 10-29-00 12-31-00				
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (bans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan	Note the second second	Name of Street, or other Designation of the last of th		A CONTRACT OF THE PARTY OF THE				Jan 19, 19, 19		
	irst Name Middle Name Outstanding			Loan Balance Loans Loan Outstanding Loan Balan						
Sharp Last Name/Organization Name			(Beginning o	(Beginning of Period) Received		,	Payments		(End of Period)	
Last Name/Organization Name Jack Sharp	Last Name/Organization Name		3,00	00,00			\bowtie	3,000.00		
Address	`	,	Loan Receive							
3 211 DId Kingg DId rd. Primer										
East Ridge TN	East Ridar, TN 37412 Other Election (Specify) Post General 199									
J List All Endors	sers or Guara	intors fo	or Above Loa	n (If more spa	ce is needed	please attac	th a page)			
First Name	Middle Name			First Name				Middle Name		
Last Name/Organization Name			Last Name/Organization Name							
Address	Address			Address						
City	State	Zip Co	ode	City					Zip Code	
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding							
First Name Middle Name			First Name Middle Name							
Lest Name/Organization Name			Last Name/Organization Name							
Address			Address							
City	State Zip Code			City State Zip Code					Zip Code	
Amount Guaranteed Outstanding			Amount Guaranteed Outstanding							
First Name	First Name Middle Name			First Name Middle Name						
Last Name/Organization Name			Last Name/Organization Name							
Address			Address							
City	State	Zip Co	ode	City State Zip Code				Zip Code		
Amount Guaranteed Outstanding		-		Amount Guara	nteed Outstand	ing				
First Name	Name Middle Name		First Name Middle Name							
Lest Name/Organization Name		Last Name/Organization Name								
Address		Address								
City	State	Zip Co	ode	City State Zip Code					Zip Code	
Amount Guaranteed Outstanding		-		Amount Guara	nteed Outstand	ing				
Totals for all Loans (complete on last page of itemized loans) (Total bans received should also be shown in item 16. on summary page.)		Outstanding Le (Beginning of		Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)			
(Total ban payments should also be shown in item 20. on summary page.) (Total outstanding ben belance should also be shown in item 23. on summary page.)		3,00		Ø	3	8	3,000,00			

